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RID

VISIT

NHLBI GROWTH AND HEALTH STUDY

HEALTH BELIEFS AND ATTITUDES - A

MALFEM

1. Is the parent/guardian male or female? Male Female

**HAND SHOW
CARD #1**

2. How happy or unhappy do you think the following people would feel about your weight if they were asked?

Very Happy Happy Unhappy Very Unhappy Do Not
Happy Happy Unhappy Unhappy Have
Happy Happy Unhappy Unhappy One

(READ THE RESPONSE CATEGORIES)

MATEWT	A.	How happy is your husband/wife/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NGHSCWT	B.	How happy is your child in this study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DADWT	C.	How happy is your father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOMWT	D.	How happy is your mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are you thinner or heavier than your best friend who is the same sex as you?

THINHEAV

Are you (READ THE CATEGORIES):

Much thinner	<input type="checkbox"/>	1
Thinner	<input type="checkbox"/>	2
About the same	<input type="checkbox"/>	3
Heavier	<input type="checkbox"/>	4
Much heavier	<input type="checkbox"/>	5

**HAND SHOW
 CARD #2**

4. How strongly do you agree or disagree that being thin would make someone your age:

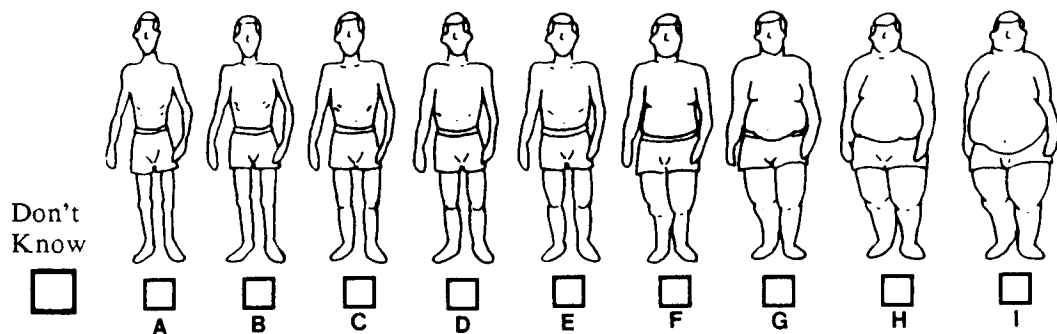
(REPEAT THE
 QUESTIONS AS NECESSARY)

Strongly Agree Agree Doesn't Matter Dis-agree Strongly Disagree
 (READ THE CATEGORIES FOR A AND THEN AS NECESSARY)

POPULTH A.	Well liked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FELBETH B.	Feel better about themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LESSUCTH C.	Less able to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MORATRT D.	More attractive to men/women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANWOMTH E.	Feel less like a woman/man	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONFIDTH F.	Less confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUSHEDTH G.	Less likely to get pushed around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THINHLTH H.	Healthier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HAND SHOW
 CARD #3**

5A. Please tell me which figure looks like your father when he was your present age.

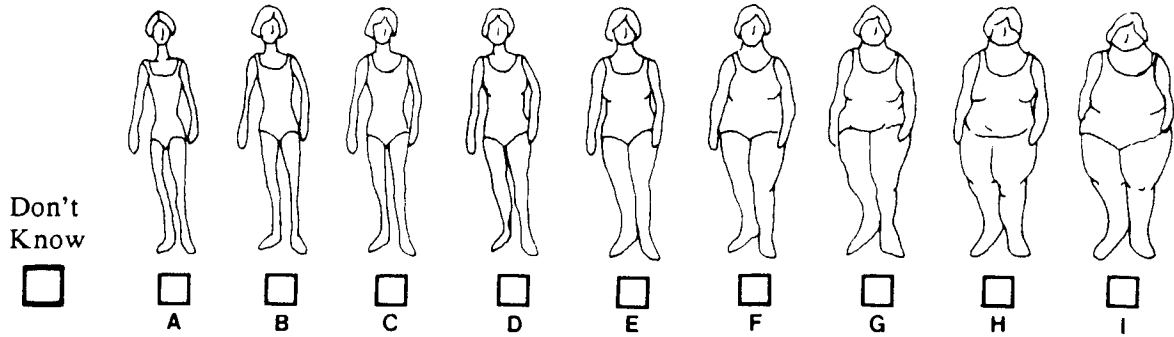


DADIMAGE

**HAND SHOW
 CARD #4**

MOMIMAGE

5B. Please tell me which figure looks like your mother when she was your present age.



6. Within the last two years, have any of the following people ever told you that you are too thin?

		<u>Yes</u>	<u>No</u>	<u>Do Not Have One</u>
A.	Your husband/wife/partner <u>MATE THIN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Any male friend <u>MALE THIN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Any female friend <u>FEM THIN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Any coworker <u>COWK THIN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Your child in this study <u>NGHSCTHN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	A sister <u>SISTHIN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	A brother <u>BROTHIN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Your mother <u>MOM THIN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Your father <u>DAD THIN</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Within the last two years, have any of the following people ever told you that you are too fat?

		<u>Yes</u>	<u>No</u>	<u>Do Not Have One</u>
A.	Your husband/wife/partner MATEFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Any male friend MALFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Any female friend FEMFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Any coworker COWKFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Your child in this study NGHSCFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	A sister SISFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	A brother BROFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Your mother MDMFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Your father DADFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HAND SHOW
 CARD #5**

8. How important are the following things to you?

(REPEAT THE QUESTIONS AS NECESSARY)		Very <u>Important</u>	<u>Important</u>	<u>Unimportant</u>	Very <u>Unimportant</u>
(READ CATEGORIES FOR A AND AS NECESSARY)					
A.	Is being well liked <u>POPULIMP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Is looking attractive <u>ATTRIMP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Is looking thin <u>THINIMP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Is being healthy <u>HLTHIMP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Is looking masculine (if male)/ looking feminine (if female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>MASFEMIM</u>				
F.	Is not being fat <u>NOFATIMP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Is having a loving family <u>LOVFAMIM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>WELWRKIM</u>				
H.	Is doing well at your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Is participating in sports or physically active games .. <u>SPORTSIM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Is being in good shape <u>GODSHPIM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Is not being skinny <u>SKINYIMP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HAND SHOW CARD #6

9. How strongly do you agree or disagree with the following: I usually feel like eating something:

(REPEAT FOR A THROUGH H. I USUALLY FEEL LIKE EATING SOMETHING:) Strongly Doesn't Dis- Strongly
Agree Agree Matter agree Disagree
 (READ RESPONSE CATEGORIES FOR A AND AS NECESSARY)

- | | | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| A. | When I'm nervous <u>NERV</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | When I'm under pressure <u>PRESS</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | When I'm bored <u>BORED</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | When I'm sad <u>SAD</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | When I'm happy <u>HAPPY</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | When things aren't going my way <u>NOTGOWY</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. | When I'm mad <u>MAD</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. | When I'm celebrating <u>CELEBRAT</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CONTINUE WITH
 SAME SHOW CARD**

10. Do you agree or disagree that being fat would make someone your age:

(REPEAT THE QUESTION AS NECESSARY)		Strongly <u>Agree</u>	<u>Agree</u>	Doesn't <u>Matter</u>	Dis- <u>agree</u>	Strongly <u>Disagree</u>
(READ RESPONSE CATEGORIES FOR A AND THEN AS NECESSARY)						
A.	Well liked POPULFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Feel better about themselves FELBTFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Less able to succeed NOSUCFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	More attractive to men/women ATTRFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Feel less like a woman/man MANWMFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Less confident LESCNFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Less likely to get pushed around PUSHFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Healthier HLTHFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF FEMALE, SKIP TO ITEM 15.

MALE

HAND SHOW
CARD #7

11. How happy or unhappy are you with these parts of your body?

		<u>Very</u> <u>Happy</u>	<u>Happy</u>	<u>Unhappy</u>	<u>Very</u> <u>Unhappy</u>
(READ THE RESPONSE CATEGORIES FOR A AND AS NECESSARY)					
A.	Your height <u>MHT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Your weight <u>MWT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Your skin color <u>MCOLOR</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Your chest <u>MCHEST</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Your waist <u>MWAIST</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Your stomach <u>MSTOM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Your hips <u>MHIPS</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Your behind <u>MBEHIND</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Your arms <u>MARMS</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Your thighs <u>MTHIGH</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Your legs <u>MLEGS</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What was the most you ever weighed after high school? M MOST WT lbs.

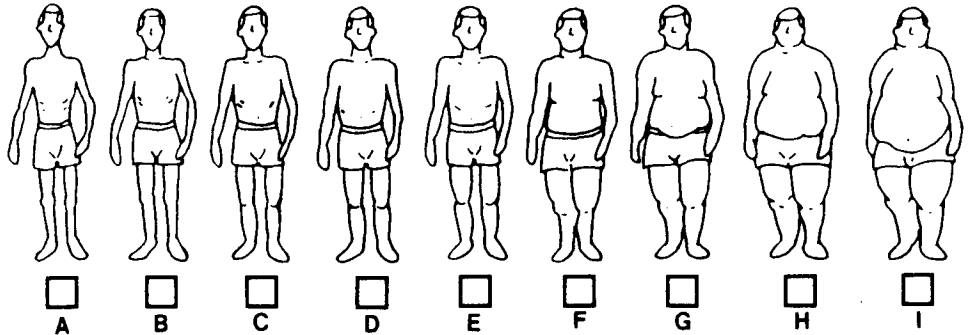
13. What was the least you have ever weighed
after high school? **MLEASWT** lbs.

14. Please select the box under the figure that fits best.

MIMAGE

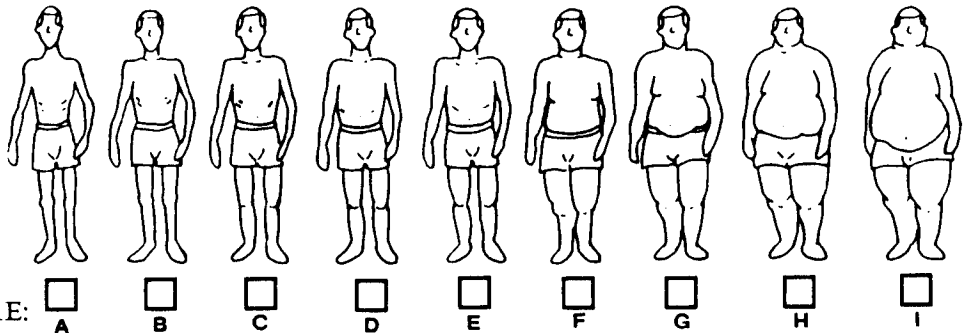
**HAND SHOW
CARD #8**

A. RIGHT NOW,
I LOOK LIKE:



**CONTINUE WITH
SAME SHOW CARD**

B. I WOULD LIKE
IT BEST, IF I
NOW LOOKED LIKE:



MBESIMAG

SKIP TO ITEM 19.

FEMALE

HAND SHOW
 CARD #9

15. How happy or unhappy are you with these parts of your body?

		<u>Very</u> <u>Happy</u>	<u>Happy</u>	<u>Unhappy</u>	<u>Very</u> <u>Unhappy</u>
(READ THE RESPONSE CATEGORIES FOR A AND AS NECESSARY)					
A.	Your height <u>FHT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Your weight <u>FWT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Your skin color <u>FCOLOR</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Your breasts <u>FBREAST</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Your waist <u>FWAIST</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Your stomach <u>FSTOM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Your hips <u>FHIPS</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.	Your behind <u>FBEHIND</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I.	Your arms <u>FARMS</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J.	Your thighs <u>FTHIGH</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K.	Your legs <u>FLEGS</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. What was the MOST you have ever weighed after high school, except for when you were pregnant? FMOSTWT lbs.

17. What was the LEAST you have ever weighed after high school? **FLEAS WT** lbs.

18. Please select the box under the figure that fits best.

FIMAGE

HAND SHOW CARD #10

A B C D E F G H I

A. RIGHT NOW,
I LOOK LIKE:

CONTINUE WITH SAME SHOW CARD

B. I WOULD LIKE
IT BEST, IF I
NOW LOOKED LIKE:

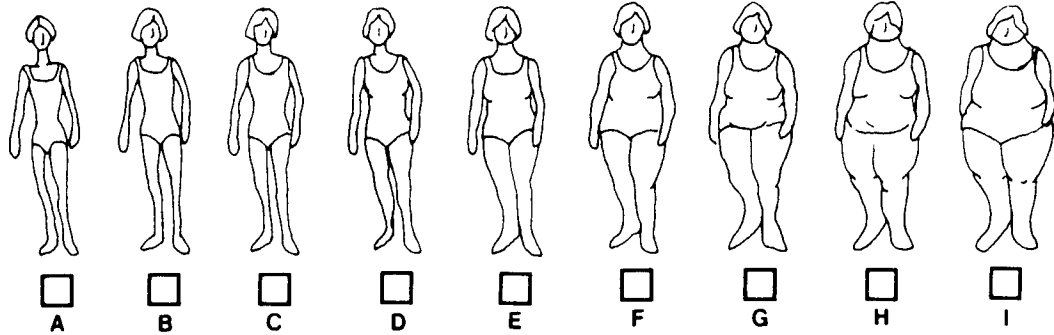
FBESIMAG

A B C D E F G H I

**HAND SHOW
CARD #10**

WOMBEST

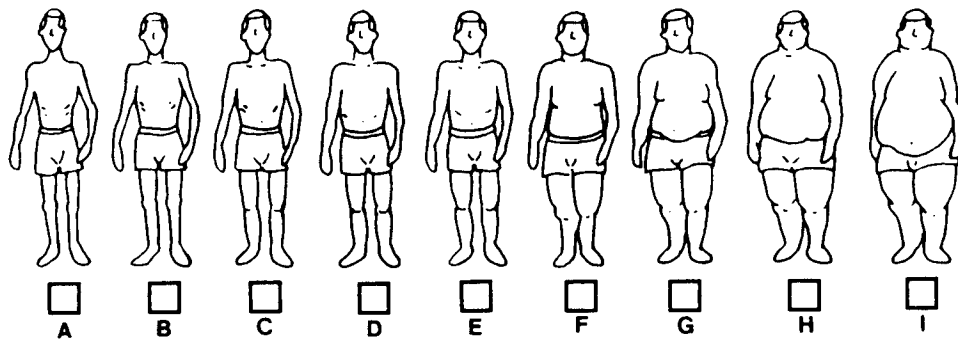
19. A woman looks best when she looks like:



**HAND SHOW
CARD #11**

MANBEST

20. A man looks best when he looks like:



21. Do you have any close friends who are:

		<u>Yes</u>	<u>No</u>
A.	White? <u>FRWHITE</u>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Black? <u>FRBLACK</u>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander? <u>FRASIAN</u>	<input type="checkbox"/>	<input type="checkbox"/>
FRAMIND D.	American Indian or Alaskan Native (for example, Eskimo)?	<input type="checkbox"/>	<input type="checkbox"/>
E.	Hispanic (for example, Puerto Rican, Mexican-American Cuban, Latin American)? <u>FRHISP</u>	<input type="checkbox"/>	<input type="checkbox"/>

22. Which statement best describes your neighbors? NEIGH

Almost all are white	<input type="checkbox"/>	1
About half are white and half are black	<input type="checkbox"/>	2
Almost all are black	<input type="checkbox"/>	3

		<u>Yes</u>	<u>No</u>
23.	Have you ever tried to <u>lose</u> weight? <u>LOSWT</u>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Are you trying to <u>lose</u> weight <u>now</u> ? <u>LOSWTNW</u>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Have you ever tried to <u>gain</u> weight? <u>GAINWT</u>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Are you trying to <u>gain</u> weight <u>now</u> ? <u>GAINWTNW</u>	<input type="checkbox"/>	<input type="checkbox"/>

27. How much would you like to weigh now? WEIGH NOW lbs.

**HAND SHOW
CARD #12**

28. Before you were 12 years old, or before junior high school, were you:

B4 AGE 12

(READ THE RESPONSE CATEGORIES)

- | | | |
|------------------------------|--------------------------|---|
| Extremely thin | <input type="checkbox"/> | 1 |
| Somewhat thin | <input type="checkbox"/> | 2 |
| Not thin or overweight | <input type="checkbox"/> | 3 |
| Somewhat overweight | <input type="checkbox"/> | 4 |
| Extremely overweight | <input type="checkbox"/> | 5 |

**CONTINUE WITH
SAME SHOW CARD**

29. When you were 14-18 years old, or during high school, were you usually:

H I SCHOOL

(READ THE RESPONSE CATEGORIES)

- | | | |
|------------------------------|--------------------------|---|
| Extremely thin | <input type="checkbox"/> | 1 |
| Somewhat thin | <input type="checkbox"/> | 2 |
| Not thin or overweight | <input type="checkbox"/> | 3 |
| Somewhat overweight | <input type="checkbox"/> | 4 |
| Extremely overweight | <input type="checkbox"/> | 5 |

30. As a child were you frequently teased about your weight? **FREQTEAS**

- No 1
- Yes, about being underweight 2
- Yes, about being overweight 3

**HAND SHOW
CARD #12**

31. At your current weight do you feel that you are: **FEELWT**

(READ THE RESPONSE CATEGORIES)

- Extremely thin 1
- Somewhat thin 2
- Not thin or overweight 3
- Somewhat overweight 4
- Extremely overweight 5

**HAND SHOW
CARD #13**

32. How much would a FIVE-POUND weight gain affect your feelings about yourself?
GAIN5LB

(READ THE RESPONSE CATEGORIES)

- Extremely 1
- Very much 2
- Moderately 3
- Slightly 4
- Not at all 5

**CONTINUE WITH
SAME SHOW CARD**

33. How much would a FIVE-POUND weight loss affect your feelings about yourself?

LOS 5 LB

(READ THE RESPONSE CATEGORIES)

- | | | |
|------------------|--------------------------|---|
| Extremely | <input type="checkbox"/> | 1 |
| Very much | <input type="checkbox"/> | 2 |
| Moderately | <input type="checkbox"/> | 3 |
| Slightly | <input type="checkbox"/> | 4 |
| Not at all | <input type="checkbox"/> | 5 |

**HAND SHOW
CARD #14**

34. How satisfied are you with the way your body is proportioned?

BODPROP

(READ THE RESPONSE CATEGORIES)

- | | | |
|------------------------------|--------------------------|---|
| Extremely satisfied | <input type="checkbox"/> | 1 |
| Satisfied | <input type="checkbox"/> | 2 |
| Dissatisfied | <input type="checkbox"/> | 3 |
| Extremely dissatisfied | <input type="checkbox"/> | 4 |

35. Have you ever been on a weight loss diet, for example, cutting down on calories, cutting out certain types of food, eating less or eating less frequently, for more **DIET** then one week

Yes

No

IF NO, SKIP TO ITEM 38.

**HAND SHOW
CARD #15**

36. How often have you tried to diet whether successful or not?

AMTDIET

(READ THE RESPONSE CATEGORIES)

- | | | |
|---------------------|--------------------------|---|
| Almost always | <input type="checkbox"/> | 1 |
| Frequently | <input type="checkbox"/> | 2 |
| Occasionally | <input type="checkbox"/> | 3 |
| Rarely | <input type="checkbox"/> | 4 |

37. At what age did you first restrict your food intake because of concern over your body size or weight?

AGEDIET

(READ THE RESPONSE CATEGORIES)

- | | | |
|--------------------------|--------------------------|---|
| Before age 9 | <input type="checkbox"/> | 1 |
| Between ages 9-14 | <input type="checkbox"/> | 2 |
| Between ages 15-20 | <input type="checkbox"/> | 3 |
| Between ages 20-30 | <input type="checkbox"/> | 4 |
| After 30 | <input type="checkbox"/> | 5 |

**HAND SHOW
 CARD #16**

38. How often do you:

(REPEAT THE QUESTION EACH TIME) Never Rarely Some-
times Often Always
 (READ RESPONSE CATEGORIES AS NECESSARY)

	A.	Get depressed DEPRES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	B.	Feel anxious ANXIETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIFARISE	C.	Have trouble getting up in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D.	Have crying episodes CRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E.	Feel irritable IRRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F.	Feel tired TIRED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIFSLEEP	G.	Have trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H.	Get angry ANGRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HAND SHOW
 CARD #17**

39. How would you describe the weight of the child in this study:

CHILDWT

(READ THE RESPONSE CATEGORIES)

Extremely thin	<input type="checkbox"/>	1
Somewhat thin	<input type="checkbox"/>	2
Not thin or overweight	<input type="checkbox"/>	3
Somewhat overweight	<input type="checkbox"/>	4
Extremely overweight	<input type="checkbox"/>	5

40. A. Does the child participating in this study have any natural or half brothers and sisters?

NCBROSIS

Yes

No

IF NO, SKIP TO ITEM 41.

HAND SHOW
CARD #17

B. How many of these natural or half brothers or sisters would you describe as (give numbers):

(READ THE RESPONSE CATEGORY)

- A. Extremely thin CNXTTHIN
- B. Somewhat thin CNSTTHIN
- C. Not thin or overweight CNAVG
- D. Somewhat overweight CNSFAT
- E. Extremely overweight CNXFAT

41. A. Do you have any natural or half brothers and sisters? NPBROSIS

Yes

No

IF NO, SKIP TO ITEM 42.

CONTINUE WITH
SAME SHOW CARD

41. B. How many of these natural or half brothers or sisters would you describe as (give numbers):

(READ THE RESPONSE CATEGORY)

- A. Extremely thin PNXTHIN
- B. Somewhat thin PNSTTHIN
- C. Not thin or overweight PNAVG
- D. Somewhat overweight PNSFAT
- E. Extremely overweight PNXFAT

Now I am going to ask you some questions about how people in your family get along. By your family I mean those you are living with right now. Please tell me how often the following things happen in your family.

**HAND SHOW
CARD #18**

42. In my family we ask each other for help: **FHELP**

(READ THE RESPONSE CATEGORIES)

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

43. We like to do things with just members of our family: **FDOTHING**

(READ THE RESPONSE CATEGORIES)

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

44. In my family we feel closer to each other than to people outside the family: **FCLOSE**

(READ THE RESPONSE CATEGORIES)

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

45. In my family we like to spend free time with each other: By your family I mean those who are living with you right now. **FSPEND**

(READ THE RESPONSE CATEGORIES)

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

46. Family members feel very close to each other: **FFEEL**

(READ THE RESPONSE CATEGORIES)

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

47. When our family gets together for activities, everybody comes: **FACTIV**

(READ THE RESPONSE CATEGORIES)

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

48. We can easily think of things to do together as a family: **FTHINK**

(READ THE RESPONSE CATEGORIES)

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

49. In my family we ask other family members about our decisions: **FASK**

(READ THE RESPONSE CATEGORIES)

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

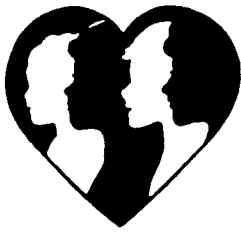
50. In my family togetherness is very important: **FTOGETH**

(READ THE RESPONSE CATEGORIES)

- | | | |
|-----------------------|--------------------------|---|
| Almost never | <input type="checkbox"/> | 1 |
| Once in a while | <input type="checkbox"/> | 2 |
| Often | <input type="checkbox"/> | 3 |
| Almost always | <input type="checkbox"/> | 4 |

This concludes the questionnaire. Thank you very much for your help.

(ENTER REMAINING INFORMATION ON COVER SHEET)



**GROWTH AND HEALTH STUDY
HEALTH BELIEFS AND ATTITUDES**

RID

VISIT

ID							
NC							
VN							

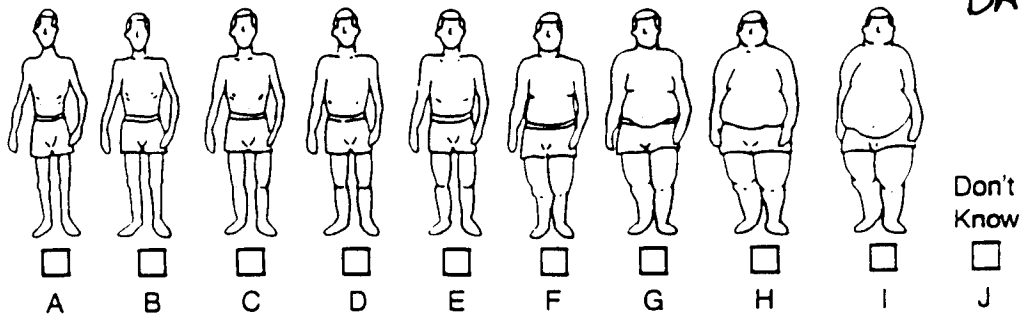
MALFEM

1. Are you male or female? Male Female

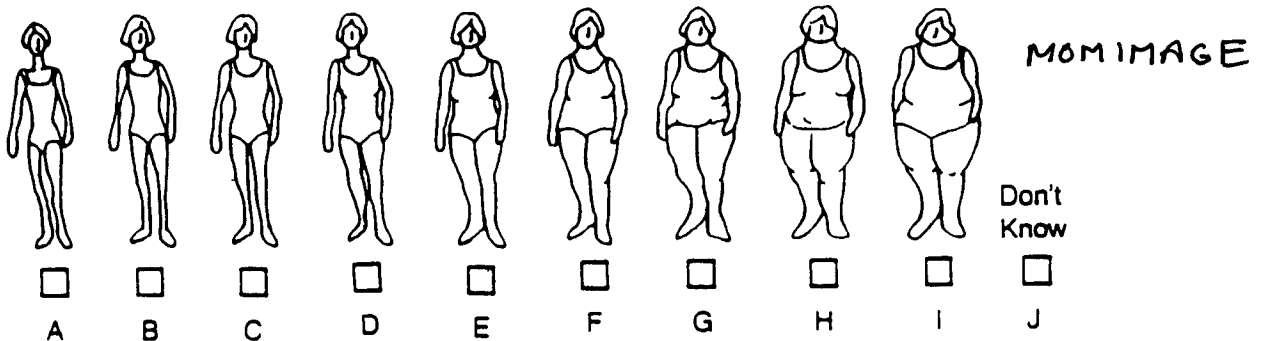
2. How happy or unhappy do you think the following people would feel about your weight if they were asked?

	Very Happy	Happy	Unhappy	Very Unhappy	Do Not Have One
A. Your husband/wife/partner? <u>MATEWT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Your girl in this study? <u>NGHSCWT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3A. Select the figure that looks most like **your father** when he was your **present age**.



3B. Select the figure that looks most like **your mother** when she was your **present age**.



4. Within the last four years, have any of the following people ever told you that you are **too thin**?

	Yes	No	Do Not Have One
A. Your husband/wife/partner .. MATE THIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Any male friend MALE THIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Any female friend FEM THIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Any coworker COWK THIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Your girl in this study NGHSC THN	<input type="checkbox"/>	<input type="checkbox"/>	

5. Within the last four years, have any of the following people ever told you that you are **too fat**?

	Yes	No	Do Not Have One
A. Your husband/wife/partner .. MATE FAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Any male friend MAL FAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Any female friend FEM FAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Any coworker COWKFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Your girl in this study NGHSC FAT	<input type="checkbox"/>	<input type="checkbox"/>	

6. How important are the following things to you?

	Very Important	Important	Unimportant	Very Unimportant
A. Being well liked .. POPULIMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Looking attractive ATTRIMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Looking thin THINIMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Being healthy HLTHIMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Looking masculine (if male)/ looking feminine (if female) MRSFEMIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Not being fat NOFATIMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Having a loving family LOVFAMIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Doing well at your work WELWRKIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Participating in sports or physically active games SPORTSIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Being in good shape GODSHPIIM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Not being skinny .. SKINYIMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How strongly do you agree or disagree with the following?

I usually feel like eating something:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Doesn't Matter
A. When I'm nervous NERV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. When I'm under pressure PRESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. When I'm bored BORED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. When I'm sad SAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. When I'm happy HAPPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. When things aren't going my way NOTGOWY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. When I'm mad MAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. When I'm celebrating CELEBRAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How strongly do you agree or disagree that being fat would make someone your age:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Doesn't Matter
A. Well liked POPULFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feel better about themselves FELBTFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Less able to succeed NO SUC.FAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. More attractive to men/women ATTRFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Feel less like a woman/man MANWMFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Less confident LESCNFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Less likely to get pushed around PUSHFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Healthier HLTHFAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF FEMALE, SKIP TO ITEM 11.

MALE

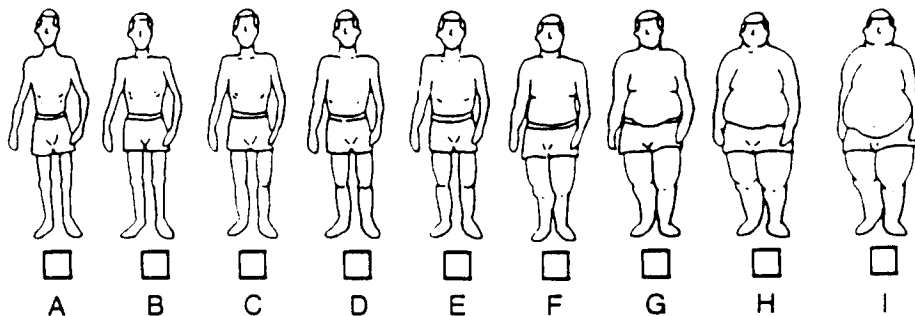
9. How happy or unhappy are you with

		Very Happy	Happy	Unhappy	Very Unhappy
A. Your height?	MHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Your weight?	MWT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Your chest?	M CHEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Your waist?	M WAIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

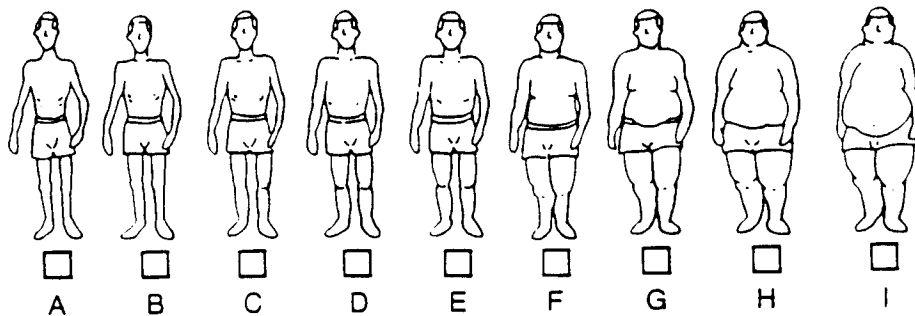
10. Please select the box under the figure that fits best.

A. Right now

I look like: **M IMAGE**



B. I would like it best if I now looked like: **M BE SIMAG**



SKIP TO ITEM 13.

FEMALE

11. How happy or unhappy are you with

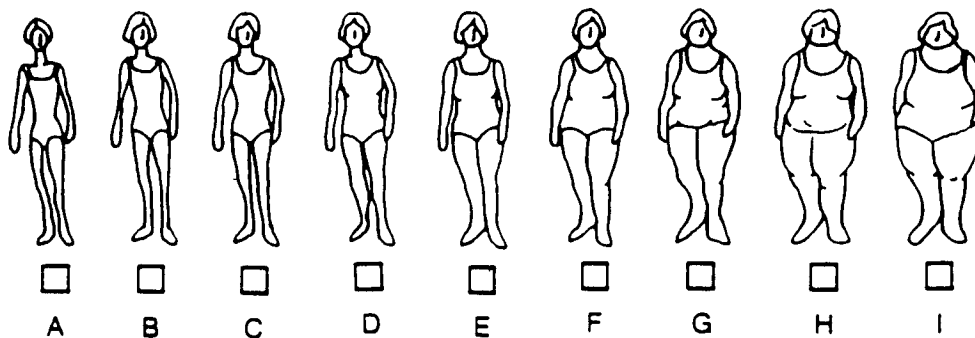
		Very Happy	Happy	Unhappy	Very Unhappy
A. Your height?	FHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Your weight?	FWT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Your breasts?	FBREAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Your waist?	FWAIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please select the box under the figure that fits best.

A. Right now

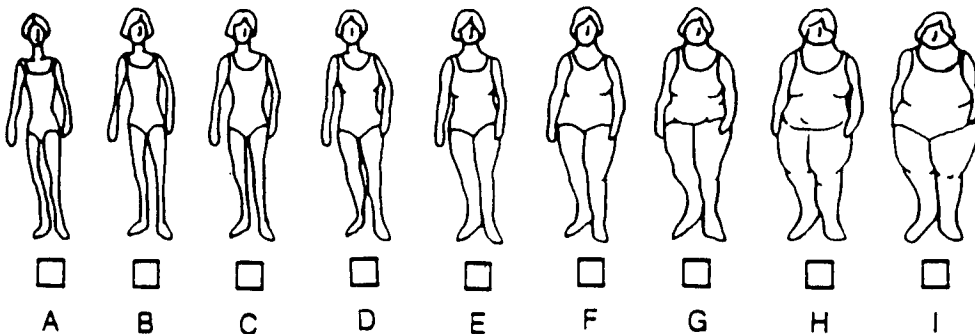
FIMAGE

I look like:



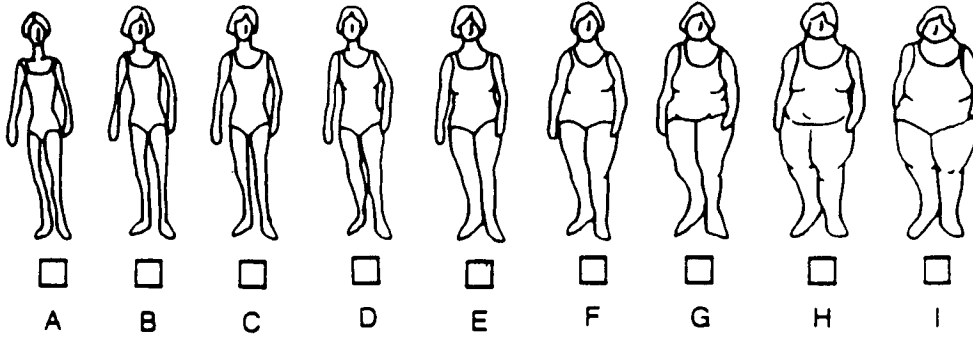
1. I am pregnant now PREGNOW

B. I would like it best if I now looked like: FBESIMAG



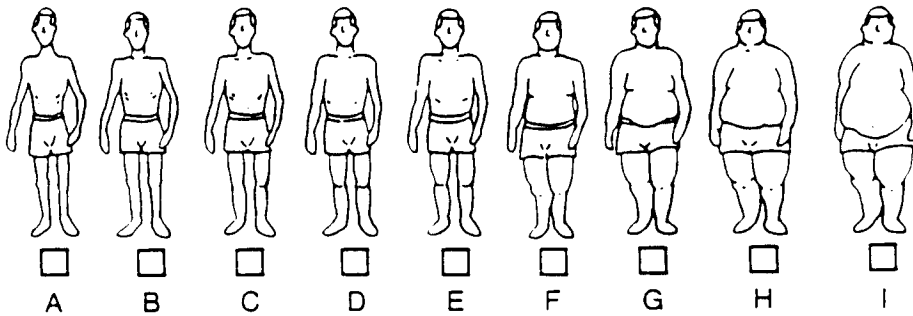
13. A woman looks best when she looks like:

WOMBEST



14. A man looks best when he looks like:

MANBEST



15. Do you have any **close friends** who are:

	Yes	No
A. White? FR WHITE	<input type="checkbox"/>	<input type="checkbox"/>
B. Black? FR BLACK	<input type="checkbox"/>	<input type="checkbox"/>
C. Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander? FR ASIAN	<input type="checkbox"/>	<input type="checkbox"/>
D. American Indian or Alaskan Native (for example, Eskimo)? FR AMIND	<input type="checkbox"/>	<input type="checkbox"/>
E. Hispanic (for example, Puerto Rican, Mexican-American, Cuban, Latin American)? FR HISP	<input type="checkbox"/>	<input type="checkbox"/>

16. What statement best describes the people living in your neighborhood? **NEIGH**

Almost all are white	<input type="checkbox"/>	1
About half are white and half are black	<input type="checkbox"/>	2
Almost all are black	<input type="checkbox"/>	3
None of the above	<input type="checkbox"/>	4

17. At your current weight do you feel that you are: **FEELWT**

Extremely thin	<input type="checkbox"/>	1
Somewhat thin	<input type="checkbox"/>	2
Not thin or overweight	<input type="checkbox"/>	3
Somewhat overweight	<input type="checkbox"/>	4
Extremely overweight	<input type="checkbox"/>	5

18. How much would a **five-pound weight gain** affect your feelings about yourself? **GAINSLB**

Extremely	<input type="checkbox"/>	1
Very much	<input type="checkbox"/>	2
Moderately	<input type="checkbox"/>	3
Slightly	<input type="checkbox"/>	4
Not at all	<input type="checkbox"/>	5

A. Would you feel better or worse with this weight **gain**? **GAINBW**

Better	Worse
<input type="checkbox"/>	<input type="checkbox"/>

19. How much would a **five-pound weight loss** affect your feelings about yourself? **LOSSLB**

- Extremely 1
- Very much 2
- Moderately 3
- Slightly 4
- Not at all 5

A. Would you feel better or worse with this weight loss? **LOSSBW** Better Worse

20. How satisfied are you with the way your body is proportioned? **BODPROP**

- Extremely satisfied 1
- Satisfied 2
- Dissatisfied 3
- Extremely dissatisfied 4

21. How often do you:

	Never	Rarely	Sometimes	Often	Always
A. Get depressed DEPRES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feel anxious ANXIETY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Have trouble getting up in the morning DIFARISE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Have crying episodes CRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Feel irritable IRRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Feel tired TIRED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Have trouble falling asleep DIFSLEEP ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Get angry ANGRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. How would you describe the current weight of the girl in this study: **CHILDWT**

- Extremely thin 1
- Somewhat thin 2
- Not thin or overweight 3
- Somewhat overweight 4
- Extremely overweight 5

Now I am going to ask you some questions about how people in your family get along. By your family I mean those living with you right now. Please tell **how often** the following things happen in your family.

	Almost Never	Once In A While	Often	Almost Always
23. In my family we ask each other for help. FHELP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. We like to do things with just members of our family. FDO THNG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. In my family we feel closer to each other than to people outside the family. FCLOSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. In my family we like to spend free time with each other. FSPEND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. In my family we feel very close to each other. FFEEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. When our family gets together for activities, everybody comes. FACTIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. We can easily think of things to do together as a family. FTHINK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Family members consult other family members on their decisions. FASK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Family togetherness is very important. FTOGETH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. In our family we approve of each other's friends. FAPPROVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much.